Best Available Copy

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | _ | SMALL ENTITY TYPE OI | | | OTHER THAN | |
|---|--|---|-----------------------------------|----------------------|-------------------------------|------------------|--------|----------------------|------------------------|----|---|------------------------|
| TOTAL CLAIMS | | | 39 | | | | Γ | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | E | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | 39 minus 20= | | . 19 | | | X\$ 9= | | OR | X\$18= | 342.00 |
| INDEPENDENT CLAIMS | | | 13 minus 3 = | | 0 | | | X40= | | OR | X80= | 800.00 |
| MUI | TIPLE DEPENI | DENT CLAIM P | RESENT | | | | | +135= | | OR | +270= | J = = 0() |
| * If | the difference | in column 1 is | less than zero, enter "0" in colu | | | column 2 | L | TOTAL | | OR | TOTAL | 1852.00 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | <u> </u> | | OTHER | |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | | SMALL E | NTITY | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | Į [| X40= | | OR | X80= | |
| Ù | FIRST PRESE | NTATION OF M | ULTIPLE DE | PENDEN' | T CLAIM | | ¹ | +135= | | OR | +270= | |
| | | | | | | | L | TOTAL | | OR | TOTAL ADDIT. FEE | <u> </u> |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | | ADDIT. FEE | | | הטטוו. רכב | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUN PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = |] [| X\$ 9= | | OR | X\$18= | |
| | Independent | * NTATION OF M | Minus | PENDEN | T CL AIM | = | $\{ [$ | X40= | | OR | X80= | |
| | FIRST PRESE | INTATION OF IV | OLIFE DE | CINDEN | CLAIIV | <u> </u> | ┙┃ | +135= | | OR | +270= | |
| | | | | | | | L 4 | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | | ımn 2) | (Column 3) | | | | • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREV | HEST MBER IOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | | Minus | *** | T 0' 4' | = | 1 [| X40= | | OR | X80= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ┙┞ | +135= | | | +270= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | TOTAL | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |